ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH State File No. 178 Registered No. 178 Registered No. 178	
County Gila	State Angona
Dietrict or Township Lower Mann or Village City Mannin St, Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child. Nama Lee Supplemental report, as directed.	
3. Sex of Child To be answered ONLY for event of plural fermale births. 4. Twin, triplet or other	
8. FATHER Full name Walter Lee Griffio	14. MOTHER Full maiden name Floresil Campbell
9. Residence (Usua) place of abode) Miami / Angova If non-resident, give place and state.	15. Residence (Usual place of abode) Miraum, Augora If non-resident, give place and state.
10. Color or race Chite 11. Age at last birthday	16. Color or race White 17. Age at last birthday 1/ (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Translin
(State or country) Tennessee 13. Occupation Cog-cr	(State or country). Augua
Nature of industry Copper mine	19. Occupation Nature of industry
(Taken as of time of birth of child herein (b) Born alive i	and now living 21. Were precautions taken against oph- thaimin neomatorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *	
It is hereby certify that I attended the Dirth of this chie, who was	Born slive of stillborn Thiller
Given name added from a supplemental report Month, day, year	

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Registrar.

572-926.633

Registrar.